

MINUTES OF JANUARY 8, 2002
PARAMEDIC TASK FORCE MEETING
Airport Host Hotel
Sacramento International Airport

<u>MEMBERS PRESENT</u>	<u>EMSA STAFF PRESENT</u>	<u>ALTERNATES PRESENT</u>	<u>MEMBERS ABSENT</u>	<u>ALTERNATES ABSENT</u>
Dean Anderson	Bonnie Sinz	Mike Metro	Bill Bower	Linda Anderson
Debbie Becker	Nancy Steiner	Ray Navarro	Carol Gunter	Nancy Eubanks
Bill Cody	Craig Stroup		Jim Holbrook	Nancy Justin
Kevin White	Connie Telford		Sabina Imrie	Dick Mayberry
	Richard Watson		Bill Koenig	Linda Mulgrew
			Tom McGinnis	David Nevins
			Kym Mitchell	Frank Pratt
			Jan Ogar	
			Kevin Rittger	
			Cheryl Smith	

I Review and Approval of December 4, 2001 Meeting Minutes

The December 4, 2001 minutes were approved with no changes other than changes to attendees. The corrected minutes will be posted on the EMS Authority website.

II Setting of the Agenda

There were no changes to the agenda.

**III Review and Discussion
-Revised EMS System Evaluation and Improvement Program Guidelines**

Bonnie Sinz gave an update on the process of the development of the data set. She explained that a draft of the data set was distributed to the members of the Data Vision Committee for comments in December, and the comments from the individual committee members are due back near the end of January. She will compile the comments and distribute them to the data ad hoc group, which will make a decision on whether any adjustments are necessary. Then the revision will go back to the vision group on February 22 with a power point presentation of not only the data elements but also on the system (CEMSIS) for the committee members to show to their constituent groups. The revisions will then go through either a 60 or 90-day public comment period, and revisions may be made based on the public comments.

The PTF members reviewed the changes and additions to the Emergency Medical Services System Evaluation & Improvement Model Program Guidelines (EMSSEIMPG aka EIP). The members present discussed the title and moved the word Model in front of the word Guidelines.

The PTF discussed the Purpose statement of the EIP Guidelines and decided to revise it to make it clearer that the Guidelines are a model for development of an EIP Program and not intended to be a structured plan or governing tool recognizing that individual EMS entities and the areas in which they need improvement vary widely throughout the state. Bonnie will revise the Purpose statement based on the comments of the PTF members.

The members also discussed the last sentence that was added to the second paragraph under Background and it was recommended that the sentence be reworded to read: "Each Evaluation and Improvement Program should assess their own EMS System program components with the goal of improving the quality of patient care". It was also suggested that the system components be added to appendix IV for each EMS System.

It was suggested that the table on page 2 be moved to the appendix and be referred to as methods, instead of models, to guide systems in developing EIP Programs. The PTF members reviewed the rest of the EIP Guidelines through page 24 and made some minor changes that will be in the next draft of the EIP Guidelines.

There was also a suggestion that the PTF begin reviewing the Guidelines with Section IV at the next meeting. Craig Stroup gave a brief overview of the purpose of Section IV. He explained that this section is how to evaluate the data that has been collected and what to do with it. It describes, once a system is organized and the information reported, how to define the information gathered; what a quality indicator is; what type of information needs to be analyzed, etc.

Bonnie asked the PTF members for their opinion on what would be included in the annual update/report. Items mentioned included: description of agency, mission statement, purpose statement, organization chart, indicators (core, recommended, provider specific), QI/EMS budget, record of achievements, identified issues for further system consideration (i.e. extended response times due to being out of service because of hospital wait time), etc. For identified issues for further system consideration, detail, recommended action and an approach that the appropriate level identified needs to take should be included.

IV Beginning Discussions on Training and Continuing Education

Nancy Steiner informed the PTF that next month the PTF would be discussing issues other than CQI. According to the time frame previously talked about, the PTF is scheduled to finish discussion in December 2002. Between now and then the PTF will be working on field internship issues, continuing education and county accreditation. The PTF members also discussed that initial paramedic training is another issue that needs to be reviewed.

Some key points of discussion were:

Initial Training

- Cost factors.
- Quality of paramedic.

- Requirement to be trained to the national curriculum.
- Number of hours to complete curriculum.
- Length of service in relation to training hours.
- Professional vs. technician.
- Consistency in training compared to other states.
- Can competency be assured without mandating hours?
- Does longer training hours produce a better paramedic?
- Will national accreditation of training programs by CoAEMSP produce a better paramedic?

Continuing Education

- Increase level of professionalism.

Field Internship

- In some cases the providers control field internships rather than the training program.
- Can take months before a student can get into a field internship and some students have to find their own preceptor.
- School may have no say in who the preceptor is, where the internship is, or in the quality of education of the preceptor.
- Some students pay for internship, in addition to initial training costs, where others do not.
- Some students have gone as long as 2 years between training and field internship.
- Need to more clearly define what a preceptor is and what training is required.
- Do preceptors need to meet some of the same standards as didactic instructors?
- Need to give the authority for preceptors back to the training programs.
- Training programs need to have the ability to select and train their own preceptors.
- Requiring an increase in the standard for preceptors may slow the system down.
- Most preceptors have some training, but it should be more standardized.
- The California Paramedic Program Directors (CPPD) have created an 8 hour class for preceptors that the PTF members will look at.
- Should there be additional CE requirements for preceptors?
- Are there any incentives to encourage paramedics to become preceptors?
- Some of the issues with field internships and preceptors may be solved when all programs are CoAEMSP accredited.
- Recommendation that regulations be changed to have the state, rather than the local EMS agency, approve preceptor training for consistency.
- The demand for paramedics exceeds the availability of clinical and field preceptors.
- The PTF needs to look at the curriculum for preceptors with a focus of trying to produce more preceptors, not less, and state approval of preceptor curriculum.

County Accreditation

- The purpose of county accreditation is to assure that the paramedic is trained in local policies, procedures and the local optional scope of practice.
- Different counties charge different fees for accreditation.

After some discussion regarding the topics above the PTF members decided that the issues surrounding field internships should be the next area that the PTF will work on. Nancy Steiner will bring the CPPD issue memo regarding field internships, the CoAEMSP criteria for preceptors, and information from other states regarding field internships for the members to review at the next meeting.

V Schedule Next Meeting

The next meeting is scheduled for February 5, 2002 in Burbank.

VI Adjournment

The meeting adjourned at 3:45 p.m.